

Cornerstone Schools

4888 Browns Bridge Road, Cumming Ga. 30041
(770) 205-8202 • (770) 205-6860



Information and Instructions -Highschool

- Completion of the application process and all applicable forms is the responsibility of the student's parent(s) or guardian. Please type or print clearly.
- A registration fee of \$200.00 must accompany the completed application package and is non-refundable.
- A deposit of \$1500.00 (non-refundable) is due to secure your child's placement in the school.

Applicant Information

Grade Applying for grade: Male Female Email

Applicant's Name
First Middle Last Called

Home Address

Subdivision Home Phone

Date of Birth Place of Birth Age on Sept. 1st:

Current School & System Grade

School Address Phone

Sibling Names	Age	School/College
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Extra-curricular Activities/Interests

Has the applicant ever been suspended, dismissed/expelled or asked to withdraw?

Has the applicant ever been diagnosed and/or received services for behavioral problems, taken medication for ADHD or ADD?

If yes, please explain. _____



Family Information

Applicant's Name

Mother's/Guardian's Name Home Phone

Home Address

Occupation Employer

Business Address

Business Phone Number Ext. Cell Phone

Father's/Guardian's Name Home Phone

Home Address

Occupation Employer

Business Address

Business Phone Number Ext Cell Phone

Are parents divorced? If yes, who has legal custody?

Applicant lives with

**Applicant May Be Released To the Persons Listed Below(Other Than Parents):
Emergency Contacts Must List at Least One**

1. Name	<input type="text"/>		
Address	<input type="text"/>		
Phone	<input type="text"/>	Cell Phone	<input type="text"/>
2. Name	<input type="text"/>		
Address	<input type="text"/>		
Phone	<input type="text"/>	Cell Phone	<input type="text"/>
3. Name	<input type="text"/>		
Address	<input type="text"/>		
Phone	<input type="text"/>	Cell Phone	<input type="text"/>

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Medical Information

Applicant's Full Name Age DOB
Student Address
DR Name Phone #

SPECIAL MEDICAL NEEDS: (Physical or mental problems, mental retardation or developmental disabilities.)

PRESCRIBED DAILY MEDICATION _____
TIME _____ AMT. _____
DR.NAME _____ PHONE # _____

Should my child become ill during the time that he/she is in the care of Cornerstone Schools or suffer an accident of any nature the school will undertake to contact me immediately and shall be authorized to secure such medical attention and care for my child as may be necessary. (The parent/guardian shall assume responsibility for payment.)

I do _____ do not _____ wish to purchase insurance on my child at a cost of \$20.00 per year. I understand that Cornerstone Schools is not RESPONSIBLE for any accident that this policy may cover.

Parent's/Guardian's Signature _____ Date _____
Emergency Phone Numbers # _____

Parent's/Guardian's Signature _____ Date _____
Emergency Phone Numbers # _____

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High School Tuition Agreement

Cornerstone Schools offers several tuition payment plans. Choose the one that best meets your needs

Tuition-\$10,400.00

Registration-\$200.00 Due with application. (non-refundable)

Fees:-450.00 (Book, Activity, Technology) **Due June 1st.**

Deposit -\$1500.00 due upon acceptance. (non-refundable)

Tuition Payment Plans: (\$10,400.00 less deposit \$1500.00 = \$8900.00) (+\$450.00 (Fees))

I would like to enroll _____ in _____ grade for the _____ school year.

(Please check one of the following.)

_____ **Tuition Plan 1** - One Payment - (\$400.00 Discount) **\$8500.00 due on or before June 1st**+\$450.00 (Fees)

_____ **Tuition Plan 2** - Two Payments - (\$200.00 Discount) **\$4350 due June 1st** +\$450.00 (Fees)
\$4350.00 due December

_____ **Tuition Plan 3** - (10 Payments) **\$890.00 due on or before the 1st of each month beginning June 1st** +\$450.00 (Fees)

Sibling Discount:(\$9400.00 less deposit \$1500 = \$7900.00) +\$450.00 (Fees)

I would like to enroll _____ in _____ grade for the _____ school year.

(Please check one of the following.)

_____ **Tuition Plan 1** - One Payment- (\$400.00 Discount) **\$7500.00 due on or before June 1st** +\$450.00 (Fees)

_____ **Tuition Plan 2** - Two Payments-(\$200.00 Discount) **\$3850.00 due June 1st** +\$450.00 (Fees)
\$3850.00 due December 1st

_____ **Tuition Plan 3** - (10 Payments) **\$790.00 due on or before the 1st of each month beginning June 1st** +\$450.00 (Fees)

\$30.00 LATE CHARGE - if payment has not been made by the 1st of the Month. **Returned Check Fee: \$30.00**

I have read the conditions and terms of admission above and hereby agree to abide by them. I agree to full and timely payment of all fees and tuition in accordance with the Tuition Agreement. No refund or release of agreement will be issued due to absence, withdrawal or dismissal.

Parent's/Guardian's Signature: _____ **Date** _____

Parent's/Guardian's Signature: _____ **Date** _____